P11000040278

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Amend

OCT 13 2015

! ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATIO	DAVID J GAY IN	CORPORATED	
DOCUMENT NUMBER: _	P11000040278		
The enclosed Articles of Ame		ibmitted for filing.	
Please return all corresponder	nce concerning this ma	tter to the following:	
Andre	w Owen Gay		
		Name of Contact Person	1
		Firm/ Company	
7304 E	Baxley Lane		
_		Address	
Saraso	ta, FL 34241		
		City/ State and Zip Cod	e
andrew.ower	ı.gay@gmail.com		
	_	sed for future annual report	notification)
_			nonnan,
For further information conce	rning this matter, pleas	se call:	
Andrew Owen Gay		at (434) 942-8897	
Name of Cont	act Person	Area Code & Daytime Telephone Number	
Enclosed is a check for the fo	llowing amount made	payable to the Florida Depa	artment of State:
	\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Ad	ldress	Street	Address
Amendmen		Amend	ment Section
	Corporations		n of Corporations
P.O. Box 63 Tallahassee			Building xecutive Center Circle

Tallahassee, FL 32301

Articl	es of Amen	ıdment
	to	
Articles	s of Incorp	oration
	of	

DAVID J GAY INCORPORATED	TALL CREATE PA
(Name of Corporatio	as currently filed with the Florida Dept. of State HASSEE, FLORIZE IN Number of Corporation (if known)
P11000040278	-c. Flosi
(Docume	t Number of Corporation (if known)
fursuant to the provisions of section 607.1006, Florida s Articles of Incorporation:	atutes, this Florida Profit Corporation adopts the following amendment
. If amending name, enter the new name of the con	oration:
N/A	The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp, word "chartered," "professional association," or the a	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the breviation "P.A."
. Enter new principal office address, if applicable:	N/A
Principal office address <u>MUST BE A STREET ADD</u>	N/A
	N/A
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	N/A
	N/A
	N/A
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	
Name of New Registered Agent N/A	
N/A	
	(Florida street address)
New Registered Office Address: N/A	, Florida
. To it it is a supplied of the supplied of th	(City) (Zip Code)

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	\underline{SV}	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	VP	Andrew Owen Gay	1144 Spring Creek Drive
X Add			Apt. 107
Remove			Forest, VA 24551
2) Change	VP	Taylor Austin Gay	26415 81st Drive East
X Add			Myakka City, FL 34251
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	_,		
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additional sheets, if necessary).	icles, enter change((Be specific)			
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		4		
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If an amendment provides for an exch	ange, reclassification	inad in the amon	Imant itealfe	
provisions for implementing the amer	ange, reclassification adment if not conta	ined in the amen	lment itself:	
or ovisions for implementing the amer (if not applicable, indicate N/A)	ange, reclassification adment if not conta	ined in the amen	lment itself:	
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(if not applicable, indicate N/A)	ange, reclassification	ined in the amen	lment itself:	
(if not applicable, indicate N/A)	ange, reclassification	ined in the amen	lment itself:	

The date of each amendment(s) adoption:, if other than
date this document was signed.
N/A
Effective date if applicable:
Effective date <u>if applicable</u> : (no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval
by"
by" (voting group)
 □ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required. □ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
10-5-15
Signature
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
David Joel Gay
(Typed or printed name of person signing)
President
(Title of person signing)